



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

99409

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Greater Indianapolis Democratic Committee	
2. Acronym or Abbreviated Name (if any) GRIDCO	3. Committee Telephone Number (317) 637-3366
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 603 E Washington St., Ste 100	
5. City, State, ZIP Code Indianapolis, IN 46204	6. Party Affiliation (if applicable) Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 4/12/08 Through: 10/10/08	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	31,351.15	
14. Cash on hand and investments January 1, current year.		5019.60

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	15,150.00	46,726.55
15b. Unitemized	- 0 -	- 0 -
15c. Add lines 15a and 15b in both columns	SUBTOTAL 15,150.00	46,726.55
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 46,501.15	51,746.15

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	45,240.70	50,485.70
17b. Unitemized	- 0 -	- 0 -
17c. Add lines 17a and 17b in both columns	SUBTOTAL 45,240.70	50,485.70
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 1,260.45	1,260.45
19. Debts OWED BY the committee (use Schedule D)	- 0 -	
20. Debts OWED TO the committee (use Schedule E)	- 0 -	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Robert Her</i>	Title Treas.	Date 10/16/08
Signature of Candidate (if applicable)		Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Elizabeth R. White

OCT 16 2008

FILED



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. John Riordan 1211 Polk St. Indpls, IN 46202 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	150	150	4/28/08 Leslip Barnes
2. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
3. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
4. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
5. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 150		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 150		



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(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. Annie Christ-Garcia for Judge 846 W. 56th St. Indpls, IN 46228	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	3000	6,800	4/28/08 Leslie Barnes
2. Zore for Judge Committee 22 S. Fleming St. Indpls, IN 46241	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	2000	6,800	4/28/08 Leslie Barnes
3. Jim Osborn for Judge Committee 5106 E. Pleasant Run Pkwy N. Dr. Indpls, IN 46219	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	3000	3000	4/28/08 Leslie Barnes
4. Committee to Reelect Tanya Walton Pratt 155 E. Market St. Ste. 714 Indpls, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	2000	6,500	4/28/08 Leslie Barnes
5. Shaked for Judge Gregory F. Hahn One Indiana Square Ms 1900 Indpls, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	2000	5000	4/28/08 Leslie Barnes
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 12,000		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. Marion County Democratic Central Committee 603 E Washington St. Ste 100 Indpls, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	3000	3000	4/28/08 Leslie Barnes
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3000		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 15,000		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>O</u> Malden Express PO Box 361341 Indpls, IN 46234		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Labels	199.60	199.60	4/18/08
Code <u>A</u> Streetwise 423 W. South St. Indpls, IN 46225		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Label stickers	174.44	174.44	4/18/08
Code <u>A</u> Ballpark 3765 E. 65th St. Indpls, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postcards	2,300	2,300	4/18/08
Code <u>O</u> MCDCC 603 E. Washington St. Ste 100 Indpls, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Reimbursement	8,881.79	14,126.79	4/18/08
Code <u>O</u> MCDCC 603 E. Washington St. Ste 100 Indpls, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage	1000	15,126.79	4/18/08
Code <u>A</u> Radio One PO Box 92265 Cleveland, OH 44193		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: advertising	2006	2006	4/21/08
Code <u>A</u> Streetwise 423 W. South St. Indpls, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: t-shirts	182.59	357.03	4/21/
SUBTOTAL THIS PAGE OF SCHEDULE B			\$19,744.42		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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	OFFICE SOUGHT (if applicable)				
Code <u>A</u> Indpls Recorder 2901 N. Tacoma Ave. Indpls, IN 46218		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Ad</u>	2007. ⁰⁹	2007. ⁰⁹	4/23/08
Code <u>A</u> Ballpark 3765 E. 65th St. Indpls, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Yard signs</u>	6,280	8,580	4/28/08
Code <u>A</u> Indpls Recorder 2901 N. Tacoma Ave. Indpls, IN 46218		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Ad</u>	71. ⁹¹	2079	4/28/08
Code <u>O</u> Ballpark 3765 E. 65th St Indpls, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Postage</u>	10,000	18,580	4/29/08
Code <u>A</u> Streetwise 423 W. South St. Indpls, IN 46225		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>banner</u>	177. ⁰⁹	534.12	4/29/08
Code <u>O</u> Advance 2260 Profit Dr. Indpls, IN 46241		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>envelopes</u>	1605. ⁰⁰	1605. ⁰⁰	5/8/08
Code <u>O</u> Jerry Zore 7801 Rucker Rd Indpls, IN 46250		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Supplies</u>	371. ¹⁴	371. ¹⁴	5/8/08
SUBTOTAL THIS PAGE OF SCHEDULE B			\$20,512.23		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Ballpark 3765 E. 45th St. Indpls, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mailing	8760	27,340	5/15/08
Code <u>0</u> David Dreyer 5133 N. Capitol Ave. Indpls, IN 46208		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: catering	500	500	5/20/08
Code <u>0</u> Printing Partners 929 W. 16th St. Indpls, IN 46202		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	32.10	32.10	8/6/08
Code <u>0</u> Annie Christ-Garcia 846 W. 56th St Indpls, IN 46228		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: supplies	291.95	291.95	8/19/08
Code <u>0</u> Central IN Labor Council 1701 W. 18th St. Indpls, IN 46202		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sponsorship	300	300	8/18/08
Code <u>0</u> babies R us 3928 E 82nd St. Indpls, IN 46240		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Gift card	100	100	8/24/08
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$9,984.05		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$45,240.70		